MDS Connexion 2018 What's New

MDS Questions

- **If someone comes into the facility and Level I was done but not in chart so no one signed before or on date of admission. How would you code on MDS assessment about Level I?**
  - Question A1500 is based on whether a Level II PASARR was required.
- **When oxygen therapy is not ordered and not on the MAR as being administered, can you still code if resident has been wearing oxygen and it has not been documented in the nursing notes?**
  - An order is needed in order to administer oxygen. Coding oxygen without an order could be a problem during a survey or medical review.
- **When coding for physician prescribed weight gain program, doesn't resident need physician documentation?**
  - K-9 weight gain has to be planned and pursuant to a physician order. In cases where resident has a weight gain of 5% or more in the past 30 days or 10% or more in the last 180 days as a result of any **physician ordered diet plan** the MDS would be coded yes for a physician-prescribed weight gain regimen.
- **If resident has a constant behavior of banging on their overbed table or cursing staff this has to be coded each time? I thought if it was care planned we didn't have to continually code it.**
  - E-5 Code based on whether the symptoms occurred and not based on an interpretation of the behavior's meaning, cause or the assessor's judgment that the behavior can be explained or should be tolerated. Code as present, even if staff have become used to the behavior or view it as typical or tolerable. Behaviors in these categories should be coded as present or not present, whether or not they might represent a rejection of care.
- **What do you do when CNA documentation is wrong on ADL's?**
  - More information is needed to this question, was it wrong chart, misunderstanding of the activities and terminology used to document or some other reason? Determine the root cause of why documentation was wrong.
- **How do you code interviews for 5 day unplanned discharge?**
  - C-2 If the resident interview was not conducted within the look-back period (preferably the day before or the day of) the ARD, code the item should the interview be conducted yes and use the standard no information code (a dash) for the resident interview items. Do not complete the staff assessment if the resident interview should have been conducted, but was not done.

- **How would you code hospital gown in GG if that is all they wear?**
  - This would have to be looked at in regards to did they wear only a gown prior to admit and why do they only want to wear a gown now.
- **If a resident's PASARR Level II changes, say they receive a diagnosis of MDD, do they require a SC assessment?**
  - 2-22 A significant change is a major decline or improvement in a resident's status that: will not normally resolve itself without intervention by staff or implementing standard disease-related clinical interventions, the decline is not considered "self-limiting", Impacts more than one area of the resident's health status; and Requires interdisciplinary review and/or revision of the care plan.
- **In section N if there is a date given for a clinical reduction such as 9/1/17 but there is a clinically contraindicated dose reduction recorded on 8/20/19 do I record both?**
  - Code both
- **Will Gabapentin be added to the opioid count due to the crisis?**
  - This item is not addressed in the RAI manual
- **If one area performs a staff assessment and the other a resident assessment is that appropriate?**
  - C-2 Attempt to conduct the interview with ALL residents.
- **What should legal blindness be coded as in section B?**
  - B-10 This question is not based on a diagnosis, code based on visual abilities, what can the resident see?